

## INDEPENDENT LIVING PARTICIPANTS ANNUAL SUMMARY DATA

**Use of form:** This form is to be used to summarize and report the individual data collected on form CFS-873 for youth aged 15-20 years. The information contained in this report should be based on the most recent information available on the youth during the report period. Completion of this form is required by the State / County or Tribal contract. Section 447 of Title IV-E of the Social Security Act requires states to report to the Federal Administration of Children and Families (AFC) on the independent living services and activities provided to youth. Failure to provide this information may result in the withholding of financial payments.

Name - County / Tribe / State Agency \_\_\_\_\_

Name - Person Completing Form (Last, First, MI) \_\_\_\_\_

Telephone Number - (Daytime) \_\_\_\_\_

Participants Served - Total Number \_\_\_\_\_

Participants Discharged - Total Number \_\_\_\_\_

Female Participants - Total Number \_\_\_\_\_

Female Participants in Each Age Group - Total Number

Age 20 \_\_\_\_\_

Age 19 \_\_\_\_\_

Age 18 \_\_\_\_\_

Age 17 \_\_\_\_\_

Age 16 \_\_\_\_\_

Age 15 \_\_\_\_\_

Male Participants - Total Number \_\_\_\_\_

Male Participants in Each Age Group - Total Number

Age 20 \_\_\_\_\_

Age 19 \_\_\_\_\_

Age 18 \_\_\_\_\_

Age 17 \_\_\_\_\_

Age 16 \_\_\_\_\_

Age 15 \_\_\_\_\_

Marital Status - Participants

Total Number Females

Total Number Males

Married \_\_\_\_\_

Divorced \_\_\_\_\_

Separated \_\_\_\_\_

Widowed \_\_\_\_\_

Never Married \_\_\_\_\_

Ethnicity - Participants

Latino / Hispanic Female Participants - Total Number \_\_\_\_\_

Latino / Hispanic Male Participants - Total Number \_\_\_\_\_

Race - Participants

Total Number Females

Total Number Males

White \_\_\_\_\_

Black or African-American \_\_\_\_\_

American Indian or Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Other \_\_\_\_\_

Highest Educational Certification Received - Total number of participants for each category:

None \_\_\_\_\_

GED / HSED \_\_\_\_\_

High school diploma \_\_\_\_\_

Vocational certification or license \_\_\_\_\_

Associate's degree \_\_\_\_\_

Bachelor's degree \_\_\_\_\_

Higher than Bachelor's degree \_\_\_\_\_

Completed driver's education \_\_\_\_\_

Obtained driver's license \_\_\_\_\_

Parental Status - Total number of participants for each category:

Completed sex education training \_\_\_\_\_

Are parents \_\_\_\_\_

Are parents that completed sex education training \_\_\_\_\_

## Total number of participants by disability:

None \_\_\_\_\_ Learning \_\_\_\_\_  
 MH \_\_\_\_\_ Other - Specify: \_\_\_\_\_  
 DD \_\_\_\_\_

## Employment Status - Total number of participants for each category:

Currently employed \_\_\_\_\_  
 Employed part or full time for less than three consecutive months \_\_\_\_\_  
 Employed part of full time for more than three consecutive three months \_\_\_\_\_  
 Receiving unemployment compensation \_\_\_\_\_  
 Participated in paid or unpaid training for at least three consecutive months \_\_\_\_\_  
 Participants average hourly wage. \$ \_\_\_\_\_

## Total number of participant's receiving Independent Living services:

Less than 6 months \_\_\_\_\_ 6 months - 1 year \_\_\_\_\_ 1 - 2 years \_\_\_\_\_  
 2 - 3 years \_\_\_\_\_ 3 - 4 years \_\_\_\_\_ 4 - 5 years \_\_\_\_\_

## Total number of participants by length of time in out-of-home care:

Less than 6 months \_\_\_\_\_ 6 months to 12 months \_\_\_\_\_  
 Between 1 and 2 years \_\_\_\_\_ Between 2 and 3 years \_\_\_\_\_  
 Between 3 and 4 years \_\_\_\_\_ Between 4 and 5 years \_\_\_\_\_  
 Between 5 and 7 years \_\_\_\_\_ Between 7 and 10 years \_\_\_\_\_  
 Between 10 and 12 years \_\_\_\_\_ Between 12 and 15 years \_\_\_\_\_  
 More than 15 years \_\_\_\_\_

**SERVICES RECEIVED**

## Total number of youths receiving services by category and service type:

<u>Service</u>	<u>Total Number of Youth Served</u>
<b>Secondary Educational Services</b> .....	_____
Tutoring / remedial .....	_____
GED PREP .....	_____
Driver's education .....	_____
Precollege program .....	_____
Vocational training .....	_____
Academic credit for Independent Living training ..	_____
Guidance / school counseling .....	_____
<b>Post Secondary Education Services</b> .....	_____
Scholarships .....	_____
Financial aid .....	_____
Admissions / counseling .....	_____
Housing.....	_____
<b>Vocational and Employment Support Services</b> .....	_____
Career counseling .....	_____
Job seeking / job placement.....	_____
On-the job training / apprenticeship .....	_____
Vocational rehabilitation services .....	_____
Sheltered workshop.....	_____
Supported employment.....	_____
<b>Daily living and home management skills training</b> .....	_____
<b>Budget and financial management services</b> .....	_____
<b>Housing services</b> .....	_____

<u>Service</u>	<u>Total Number of Youth Served</u>
<b>Youth development services</b> .....	_____
<b>Mentoring services</b> .....	_____
<b>Health education / prevention services</b> .....	_____
<b>Mental health / emotional well-being services</b> .....	_____
Counseling .....	_____
Self-help / support groups .....	_____
<b>Alcohol / other drugs treatment</b> .....	_____
<b>Financial Assistance and medical coverage</b> .....	_____
Public assistance .....	_____
Social Security .....	_____
Independent Living funding	
Room and board .....	_____
Emotional support .....	_____
Other financial assistance .....	_____
Medicaid .....	_____
Insurance coverage .....	_____
State program .....	_____
Private insurance .....	_____

Total number of participants by living arrangement during report period. Participants may have more than one living arrangement for the period. Include all.

	<u>Total Number of Participants</u>
Homeless .....	_____
Adult correctional facility .....	_____
Juvenile correctional facility .....	_____
Living independent of agency maintenance .....	_____
Subsidized housing .....	_____
Relative home .....	_____
Nonrelative home .....	_____
Foster home .....	_____
Adoptive home .....	_____
Group home .....	_____
Drug rehabilitation program .....	_____
Mental health institution .....	_____
Homeless or housing crisis .....	_____
Child care institution .....	_____
Supervised apartment / transitional housing .....	_____
Temporary arrangement .....	_____
Living independently .....	_____

Return completed form to: ATTN: Independent Living Coordinator  
 Department of Health and Family Services  
 Division of Children and Family Services  
 Bureau of Programs and Policies  
 P.O. Box 8916  
 Madison, Wisconsin 53708-8916

Fax Number: (608) 264-6750  
 E-Mail: brownpl@dhfs.state.wi.us